

GOVERNOR'S HEROIN AND OPIOID EMERGENCY TASK FORCE

UPPER SHORE/ NORTH EAST MARYLAND SUMMIT MINUTES

March 17, 2015, 10:00 AM – 3:30 PM
Cecil County Administration Building
200 Chesapeake Boulevard, Elkton, Maryland 21921

TASK FORCE ATTENDANCE

Lieutenant Governor Boyd Rutherford
Sheriff Timothy Cameron
Dr. Michael Finegan
Elizabeth Embry
Tracey Myers-Preston
Linda Williams
Dr. Chris Welch, on behalf of Dr. Bankole Johnson
Irnande Altema, on behalf of Senator Katherine Klausmeier

WELCOME

The Maryland Governor's Heroin and Opioid Emergency Task Force convened for its first meeting at 10:00 AM on March 17, 2015, at the Cecil County Administration Building, Elkton, Maryland. The summit was open to the public and concluded at 3:11 PM.

Lieutenant Governor Boyd Rutherford welcomed task force members, elected officials, law enforcement representatives, local addiction treatment experts, and the local public.

In an effort to get an understanding of the broader issue, the Task Force's plan is to go out into Maryland communities and employ a holistic effort for the following main topics:

- Prevention
- Closing the heroin pipeline
- Treatment & Recovery
- Law Enforcement

The interim report will be available in summer of 2015 with a final report completed by the end of the year.

ELECTEDS/ LAW ENFORCEMENT

County Executive Tari Moore, Kent County State's Attorney Harris Murphy, and Queen Anne's County Sheriff Gary Hoffman represented the first panel. Their written testimony can be found on the Lieutenant Governor's website at:

<http://governor.maryland.gov/ltgovernor/home/heroin-and-opioid-emergency-task-force/heroin-task-force-regional-summits/previous-summits/ne-summit/>

County Executive Moore explained that Cecil County has taken a systemic approach involving various organizations and agencies. Their efforts can be divided into four pillars: prevention; treatment; recovery; and public safety.

Cecil County has already begun efforts against the heroin epidemic by starting prevention programs, installing their first permanent 24-hour “Drug Take Back Box,” creating the Local Overdose Fatality Review Team (LOFRT), and training emergency responders and law enforcement officers to use Naloxone (Narcan) for drug overdoses. Among the biggest challenges are the stigma against people recovering from drug addiction and finding employment/support opportunities during recovery.

Kent County State’s Attorney Harris Murphy explained that heroin went from a rare problem just ten years ago to comprising the majority of illegal drug activity since the state changed marijuana regulations. Mr. Murphy stressed that this is not just a law enforcement issue, but largely a public health issue. To illustrate the problem, he said that in 2010, there were enough prescription drugs to medicate every American adult every four hours for a month and that Americans consume about 75% of the world’s medications while comprising only 5% of the world population.

Sheriff Gary Hoffman stated that all law enforcement share the same stories; the only differences are the faces and the locations. While arresting heroin users may save their lives, the downside is that people with chemical dependencies are placed in criminal detention centers. Sheriff Hoffman hopes that the Task Force can find better options than just arresting heroin users.

County Executive Tari Moore’s recommendations for the Task Force were:

- Continue state funding to local health departments
- Find new and strong funding for education and prevention
- Closely involve local government to serve as the state’s eyes and ears

Kent County State’s Attorney Harris Murphy’s recommendations for the Task Force were:

- Change the culture – reduce our dependency on drugs and painkillers
- Survey local counties to get a variety of potential solutions
- Continue funding local law enforcement programs

Queen Anne’s County Sheriff Gary Hoffman’s recommendations for the Task Force were:

- Help law enforcement with heroin trafficking over state borders

LOCAL ADDICTION TREATMENT EXPERTS/ ADVOCATES

There were two panels of local addiction treatment experts and advocates. They began their testimonies at 11:13 AM and concluded at 12:51 PM.

Among the various themes/requests for the Task Force:

- Provide educational programs for family members

Many parents have no idea how to begin talking to their children. New programs/websites could aim to teach parents about drug addiction, how to effectively communicate, and provide literature recommending treatment

centers. Alcohol and prescription drugs are readily available in many people's homes or their friend's homes. Programs like Voices of Hope and Cecil Advocates for Recovery Education maintain that the solution must start with the family.

- Provide education programs for students & teachers
Many school teachers and principals are not able to identify which kids are abusing drugs – programs could train teachers to identify risk-factors. Another suggestion was to open opportunities for people who overcame their addiction to speak at schools. Also, several experts suggested that education must start at the Middle School level. The human brain does not reach full maturity until their 20s; thus, heroin can permanently affect their adulthood. Once drug usage begins, one's life expectancy is fifteen to twenty years.
- Make sure that doctors are not profiting from the sale of drugs (ie. Buprenorphine)
Drug prescription issues is a major topic. One suggested that the state mandate that all drug prescriptions be sent electronically while another suggested that physicians be notified if one of their patients/prescriptions is related to a crime investigation.
- Investigate stricter policies against “pill-mill” doctors
Some doctors are either pressured or being irresponsible with their drug prescriptions. One person suggested a one-year probation for offending doctors. Currently, the crime is only a misdemeanor.
- Install take-back boxes throughout the state
State must collect discarded drugs such as OxyContin because the patient or their families may use old drugs. One statistic said that 70% of users initially accessed their drug through a family member or friend.
- Provide treatment for psychological issues, not just physiological issues
Treating mental problems may lower the relapse rate. One suggestion was to provide incentives to local mental health providers to treat addicts with state funding.
- Decriminalize, if possible
Understand that “We are not going to arrest our way out of the problem.”
- Provide patients with appropriate levels of mental health treatment
- Provide adequate housing and therapeutic treatment to recovering addicts
- Provide adequate job opportunities to recovering addicts
- Provide adequate support systems to recovering addicts
- Investigate other states' programs (ie. Pennsylvania Act 106 of 1989)
- Investigate partnerships between private and public programs
- Investigate why Naloxone has dramatically increased in price
- Investigate why detoxification treatment is not included in Medicaid
- Investigate how to provide small communities with insufficient resources with a full range of inpatient and outpatient treatment options.
- Mandate drug-free zones around methadone clinics and treatment facilities
- Mandate doctors to participate in PDMP
- Understand that this is a public health issue
- Reduce bureaucracy related to funding from Department of Health and Mental Hygiene

PUBLIC COMMENTS

Twenty-two individuals provided their testimony to the Task Force for the public comments hearing. This portion of the summit began at 1:39 PM and concluded at 3:11 PM.

Among the various themes/requests for the Task Force:

- Investigate how to destigmatize heroin usage/recovery
Many people, including doctors, demonize heroin usage and push back against legislation for recovery houses. Society even outcasts parents from all socio-economic backgrounds.
- Focus on prevention programs
This was a common theme throughout the summit. With a high relapse rate of 85%, most people will fall back into heroin dependency. Target young people.
- Train and educate parents on warning signs in their homes
For example, broken pens and loose tampon straws may signal heroin snorting. One suggested that when a patient for opioid usage goes to a treatment center, the staff should provide on-the-spot education for family members.
- Mandate stricter policies for doctor's prescriptions
Some people resort to stealing their doctor's prescription pads.
- Provide in-county detoxification
Currently not available.
- Provide other treatment programs besides Methadone
Some testified that people are moving from a heroin addiction to a Methadone dependency. Others suggested that Methadone is not the answer and simply a stepping stone. Some voiced their concern about for-profit Methadone clinics
- Provide adequate/more funding to detoxification centers to reduce the waitlist, and offer longer recovery periods
Generally agreed on a one-month minimum recovery stay.
- Provide more sober and halfway houses
- Provide multi-media campaign using television and radio to spread the message
- Provide state help-lines
- Provide a needle exchange law/program
- Investigate effective heroin programs, such as North Carolina's TROSA and Italy's PATRIGANAO
- Investigate if Medicaid can begin to pay for heroin recovery programs
- Mandate that patients who enter treatment programs are guaranteed treatment for the entirety of their stay
- Treatment clinics should be liable (ie. Dram Shop liability)
- State should collect comprehensive data on state-wide trends
- Embrace the 12-step program for recovery
- Arrests can sometimes be the message to stop using heroin

ADJOURNMENT

The summit concluded at 3:11 PM.

CONTACT

Submit questions, comments, or concerns to: heroin.taskforce@maryland.gov

For more information, please visit: <http://ltgovernor.maryland.gov>